Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5098AGC	A. BUILDING _____ B. WING _____	C 10/14/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY CARE GROUP HOME	4175 TOMSIK ST LAS VEGAS, NV 89129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28380 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 9/24/09 through 10/14/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, Category II residents. One discharged resident file was reviewed. Complaint #NV00023080 was substantiated. The following deficiency was identified:	Y 000		
Y 850 SS=G	449.274(1)(a) Medical Care of Resident NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident is the resident's physician is not available.	Y 850		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 850	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review and interviews from 9/24/09 through 10/14/09, the facility failed to ensure 1 of 7 residents received medical care after a fall on 2/10/09 that resulted in a fractured shoulder. The findings include: According to an interview, Resident #1, an 86 year old female diagnosed with congestive heart failure, hypertention, hypothyroidism and osteoporosis, had fallen on 2/10/09 injuring her shoulder. The resident did not receive medical care. On 2/11/09 a daughter of the resident arrived to visit her mother and learned of the fall with the accomanying injury. The daughter then drove her to a local emergency room where the resident was diagnosed with a fractured right shoulder. Severity: 3 Scope: 1	Y 850		